



State of Utah  
Department of Workforce Services  
**EMPLOYMENT INFORMATION**

PLEASE USE A BLACK  
BALL POINT PEN TO  
COMPLETE FORM

Case Name: \_\_\_\_\_  
Employed Person: \_\_\_\_\_

Team: \_\_\_\_\_  
Case #: \_\_\_\_\_  
SSN: \_\_\_\_\_

Please answer the following questions about your work and return this immediately to your local DWS office.

1. What date did your present employment begin? \_\_\_\_\_  
Month Day Year
2. What type of job/work will you be doing (Clerical, Manual Labor, Technical, etc.)? \_\_\_\_\_
3. According to the employer, what is the status of your employment (circle one)?  
Full Time Part Time Temporary Applied Previous Employer Terminated Other \_\_\_\_\_
4. If this is a temporary job, how long will it last? \_\_\_\_\_
5. List your wage or salary: Wage \$ \_\_\_\_\_/hr or Salary \$ \_\_\_\_\_/mo.; year
6. How many hours do you normally work each week? \_\_\_\_\_  
Circle the days of the week: Mon Tue Wed Thu Fri Sat Sun  
Time of day: From \_\_\_\_\_ To \_\_\_\_\_ Does your schedule vary? ☐ Yes ☐ No  
If yes, please list. Minimum hours \_\_\_\_\_ Maximum hours \_\_\_\_\_
7. Circle how often you are paid: Weekly Every two weeks Monthly Twice a Month Other
8. Write the day(s) of the week or month your paycheck is available: \_\_\_\_\_
9. What date will you (or did you) receive your first check? \_\_\_\_\_  
Month Day Year  
If you have not received your first check, please estimate gross amount or number of hours to be paid on this check. \_\_\_\_\_
10. When does your pay period end? \_\_\_\_\_
11. Do you receive tips or commission? ☐ Yes ☐ No Amount \$ \_\_\_\_\_  
Do you or will you receive bonuses (Christmas, merit, etc.)? ☐ Yes ☐ No  
If yes, when: \_\_\_\_\_
12. A. Does your employer offer Medical, Health, Accident, or Comprehensive Insurance? ☐ Yes ☐ No  
If yes, please indicate benefit type:  
Full name of the insurance company: \_\_\_\_\_  
B. Does your employer offer employment benefits, such as Child Care, Retirement, etc.? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
13. Information about your employer:  
\*Name of Company: \_\_\_\_\_  
\*Company Address: \_\_\_\_\_  
\*Name of Supervisor: \_\_\_\_\_  
\*Phone #: \_\_\_\_\_
14. Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BEST ESTIMATE (WORKER USE ONLY, AS NEEDED)**

Worker: \_\_\_\_\_ Client: \_\_\_\_\_  
Signature: \_\_\_\_\_

15. Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

